FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

PROCESSED MAY 1 2 2008 THOMSON REUTERS

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

| 1434 | 1644 | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB APPE | ROVAL | | | | | | | |
| OMB Number: | 3235-0076 | | | | | | | |
| Expires: | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per respor | nse 16.00 | | | | | | | |

| SEC USE ONLY | | | | | | | | |
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| 1110 | UNIFORM LIMITED OFFERING | EXEM | PHON |
|--|--|----------------|--|
| Name of Offering (check | if this is an amendment and name has changed, and indicate | change.) | |
| _ | UL INVESTMENTS II, LLC/ Offering of Investor Mem | - | sts |
| Filing Under (Check box(es) tha | | | |
| | A. BASIC IDENTIFICATION D | ATA | HTT a again |
| 1. Enter the information requi | ested about the issuer | | min 0 6 2008 |
| Name of Issuer (check if t | his is an amendment and name has changed, and indicate cha | ngc.) | Washington, DC |
| ADVANCED EQUITIES AZU | JL INVESTMENTS II, LLC | | 444 |
| Address of Executive Offices | (Number and Street, City, State, | Zip Code) | Telephone Number (Including Area Code) |
| 311 SOUTH WACKER DRI | VE SUITE 1650 CHICAGO IL 60606 | | 312-377-5300 |
| Address of Principal Business O (if different from Executive Off | | , Zip Code) | Tele |
| Brief Description of Business INVESTMENT IN SECURIT | TES OF PRIVATELY HELD TECHNOLOGY COMPA | MY | |
| Type of Business Organization | | | 08049568 |
| corporation | limited partnership, already formed | other (| please specify): |
| business trust | limited partnership, to be formed | Limit | ed Liability Company |
| Actual or Estimated Date of Inco Jurisdiction of Incorporation or | Month Year orporation or Organization: 1 1 0 7 | ition for Stat | mated e: |
| GENERAL INSTRUCTIONS | | | |
| Cadanali | | | |

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or hear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate lederal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

| | | A. BASIC IDI | ENTIFICATION DATA | | |
|--|------------------------|------------------------------|--|--------------------|---|
| 2. Enter the information re | equested for the fol | lowing: | , | | |
| Each promoter of | the issuer, if the iss | suer has been organized w | rithin the past five years; | | |
| Each beneficial ow | ner having the pow | er to vote or dispose, or di | rect the vote or disposition | of, 10% or more of | a class of equity securities of the issuer. |
| Each executive off | ficer and director o | f corporate issuers and of | corporate general and mar | naging partners of | partnership issuers; and |
| Each general and a | managing partner o | f partnership issuers. | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, ADVANCED EQUITIES | • | MENT CORP. | | | |
| Business or Residence Address 311 SOUTH WACKER D | • | | • | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Business or Residence Addre | ess (Number and | Street, City, State, Zip Co | ode) | | · |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | <u>. </u> | | |
| Business or Residence Addre | ess (Number and | Street, City, State, Zip Co | ode) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Business or Residence Address | ess (Number and | Street, City, State, Zip C | ode) | | |
| Check Box(cs) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | , | | |
| Business or Residence Addr | ess (Number and | Street, City, State, Zip C | ode) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Business or Residence Addr | ess (Number and | Street, City, State, Zip C | ode) | | |
| Check Box(cs) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Business or Residence Addr | ess (Number and | Street, City, State, Zip C | ode) | | |

| | | .1 . | *1 | R TE | NFORMATI | ON AROU | T OFFERI | NG | e ja enga | - | | |
|--|--|---------------|--------------|-------------|---------------|---|--------------|---|---|-----------------------------|-----------------|----------|
| <u> </u> | <u> </u> | 6. t | | D. II | - CAMAII | ON ABOU | . GIFERI | | | <u></u> | Yes | No |
| 1. Has the | 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | | | | | | | | × | | |
| 2 117 | | | | | • • | | • | | | | s (1) | |
| What is (1) The minimu | | um investm | | | | | | | | | | |
| | | permit join | | | | | | | | | Yes ■ | No |
| | _ | - | | - | | | | | | irectly, any | <u></u> | = |
| commis | sion or sim | ilar remune | ration for s | olicitation | of purchase | rs in conn | ction with | sales of sec | urities in t | he offering. | | |
| | | | | | | | | | | with a state ons of such | | |
| | | you may s | | | | | | | | | | |
| Full Name (| Last name | first, if ind | ividual) | | | | | | | | | |
| | | . 11 | | | | | | | | | | |
| Business or 311 South V | | | | | - | ip Code) | | | | | | |
| Name of As | | | | JU, 1L 0000 | | | | | | | | |
| Advanced B | quties, Inc | c. | | | | | | | | | | |
| States in Wh | ich Persor | Listed Ha | s Solicited | or Intends | to Solicit l | Purchasers | | | | | | |
| (Check | "All States | " or check | individual | States) | | | ************ | *************************************** | | | ☐ AI | l States |
| AL | [AK] | ĀZ | AR | C/A | [CO] | O T | DE | DC | EL | GA | HI | ID |
| TZ. | N N | ĪA) | [KS] | KY | LA | ME | MD | MA | MI | MN | MS | MO |
| MT | NE | NV | NH) | נעצ | NM | NY | NC | ND | OH) | OK) | OR | PA |
| RI | SC | SD | TN | TX | UT | VT | VA | WA | WV | WI | WY | PR |
| Full Name (| Last name | first, if ind | ividual) | | | | | | | | - | |
| Business or | Decidence | Address (| Number on | d Street C | Situ Crata | 7in Coda) | | | | | | |
| Dusiness of | Kesidence | : Address (1 | Number an | u Sireei, C | nty, State, A | cip Code) | | | | 1 | | |
| Name of As | sociated Br | roker or De | aler | | | | | | | | | |
| States in Wh | ich Persor | Listed Ha | s Solicited | or Intends | to Solicit | Purchasers | | | | | | |
| (Check | "All States | s" or check | individual | States) | | *************************************** | | ***************** | *************************************** | | □ AI | l States |
| AL | AK | AZ | AR | CA | [CO] | СТ | DE | DC | FL | GA | HI | ID |
| īL | IN] | ĪĀ | [KS] | KY | LA | MĒ | MD | MA | MI | MN | MS | МО |
| MT | NE | NV | NH | NJ | NM | NY | NC | ND | OH | <u>OK</u> | OR | PA |
| RI | [SC] | SD | TN | TX | UT | VT. | VA | WA | WV | WI | WY | PR |
| Full Name (| Last name | first, if ind | ividual) | | | | | | | | | |
| Business or | Residence | : Address (1 | Number an | d Street, C | ity, State, 2 | Zip Code) | | | | | | |
| Name of As | sociated Br | roker or De | aler | | | | | | <u> </u> | | | |
| | | | | | | | | | | | | |
| States in Wi | | | | | | | | | | | | |
| (Check | "All States | s" or check | individual | States) | ••••• | ••••• | | | | | ☐ AI | l States |
| AL | AK | AZ | AR | CA | CO | CT | DE | DC | FL | GA | HI | ID |
| IL. | IN | IA | [KS] | KY | LA | ME | MD | MA | MI | MN | MS | МО |
| MT RI | NE SC | NV SD | NH] | NJ TX | NM IIIT | NY VT | NC VA | ND | OH) | OK] | OR WV | PA |
| | DC. | ונוט | TN | | UT | VT | VA | WA | [WV] | $[\overline{\mathbf{w}}]$ | \overline{WY} | PR |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NÚMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
|----|--|-----------------------------|----------------------------|
| | Type of Security | Aggregate Offering Price | Amount Already Sold |
| | Debt | s | \$ |
| | Equity | | |
| | Common Preferred | | |
| | Convertible Securities (including warrants) | \$ | \$ |
| | Partnership Interests | | \$ |
| | Other (Specify) | | |
| | Total | 30,000,000.00 | s 3,803,720.00 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | Aggregate |
| | | Number Investors | Dollar Amount of Purchases |
| | Accredited Investors | | \$ 3,803,720.00 |
| | Non-accredited Investors | | \$_0.00 |
| | Total (for filings under Rule 504 only) | <u>n/a</u> | \$_n/a |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | | |
| | To a COMP ! | Type of | Dollar Amount |
| | Type of Offering | Security N/A | Sold |
| | Rule 505 | | \$_n/a |
| | Regulation A | | s_n/a |
| | Rule 504 | | \$_n/a |
| | Total | | \$_0 |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | | \$ |
| | Printing and Engraving Costs | | § 15,000.00 |
| | Legal Fees | Z | § 10,000.00 |
| | Accounting Fees | | \$ |
| | Engineering Fees | | \$ |
| | Sales Commissions (specify finders' fees separately) | _ | § 190,186.00 |
| | Other Expenses (identify) | | \$ |
| | Total | _ | § 215,186.00 |
| | | | |

| Ŀ | C. OFFERING PRICE, NUM | MBER OF INVESTORS, EXPENSES AND USE OF I | ROCEEDS | |
|-----|---|--|--|------------------------|
| | and total expenses furnished in response to Part C- | ering price given in response to Part C — Question 1 — Question 4.a. This difference is the "adjusted gross | | 29,784,814.00 |
| 5. | each of the purposes shown. If the amount for a | proceed to the issuer used or proposed to be used for any purpose is not known, furnish an estimate and of the payments listed must equal the adjusted gross art C — Question 4.b above. (2) | | |
| | | | Payments to Officers, Directors, & Affiliates | Payments to Others |
| | Salaries and fees | | \$ | . _ \$ |
| | Purchase of real estate | | □ s | s |
| | Purchase, rental or leasing and installation of ma | achinery | - | |
| | | | _ | |
| | | acilities | \$ | . 🗆 \$ |
| | Acquisition of other businesses (including the volfering that may be used in exchange for the as | | r⊓ t | □ \$ |
| | | | _ | _ |
| | | | | |
| | Other (specify): PURCHASE OF INVESTMENT | NT SECURITIES | | |
| | | | □\$ | □\$ |
| | | | | |
| | | | | ,803,720.00 |
| Γ | | D. FEDERAL SIGNATURE | The second second | ** |
| sig | e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to f | he undersigned duly authorized person. If this notic urnish to the U.S. Securities and Exchange Commi- ceredited investor pursuant to paragraph (b)(2) of | e is filed under Ru ssion, upon writte | ile 505, the following |
| Iss | uer (Print or Type) | Signature | Date | |
| ΑĽ | VANCED EQUITIES AZUL INVESTMENTS II, LLC | | 03/28/2008 | |
| Na | me of Signer (Print or Type) | Title of Signer (Print or Type) | | |
| | al Amin | Secretary of the Managing Member | | |

(2) Calculated based on the maximum aggregate offering amount.

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| | E. STATE SIGNATURE | - (| |
|----|--|-----|--------------------|
| 1. | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? | Yes | No ⋉ (3) |

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) | Signature |
|--|----------------------------------|
| ADVANCED EQUITIES AZUL INVESTMENTS II, LLC | 03/28/2008 |
| Name (Print or Type) | Title (Print or Type) |
| Amal Amin | Secretary of the Managing Member |

(3) Not applicable for Rule 506 offerings.

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| | APPENDIX | | | | | | | | | | | |
|-------|---------------------------------|--|--|--------------------------------------|--|--|--------|-------|--|--|--|--|
| 1 | Intend to non-a investors | to sell ccredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | 4 Type of investor and amount purchased in State (Part C-Item 2) | | | | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | | | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | | | |
| AL | | | | | | | | | | | | |
| AK | | | | | | | | | | | | |
| AZ | | | | | | | | | Ī | | | |
| AR | | | | | | | | | | | | |
| CA | × | | 30000000 | 4 | \$359,540.00 | 0 | \$0.00 | | × | | | |
| со | | | | | | | | | | | | |
| СТ | × | | 30000000 | 1 | \$50,000.00 | 0 | \$0.00 | Γ. , | × | | | |
| DE | | <u> </u> | | | | | | | , | | | |
| DC | | | | | | | | | | | | |
| FL | × | | 30000000 | 2 | \$100,000.00 | 0 | \$0.00 | Γ . | × | | | |
| GA | 1 | | | | | | | | | | | |
| НІ | | | | | | | | | [; | | | |
| ID | | <u> </u> | | | | | | | | | | |
| IL | × | | 300000000 | 4 | \$150,000.0 | 0 | \$0.00 | , , . | × | | | |
| IN | | | | | | | | ; | j j | | | |
| IA | | | | | | | | | , , | | | |
| KS | | 41 - 1 £ 4 - 44 £ 7 | | | | | | | | | | |
| KY | | | | | | | | Γ; | | | | |
| LA | | | | | | | | | : | | | |
| ME | | | | | | | | , | | | | |
| MD | | | | | | | | | | | | |
| МА | | | | | | | | | | | | |
| МІ | × | | 30000000 | 2 | \$100,000.00 | 0 | \$0.00 | | × | | | |
| MN | | | | | | | | | | | | |
| MS | | | | | | | | | | | | |

| APPENDIX | | | | | | | | | | | |
|----------|---|--|--|--|--------------|--|--------|--|----|--|--|
| 1 | Intend to non-ac investors (Part B | to sell | Type of security and aggregate offering price offered in state (Part C-Item 1) | 4 Type of investor and amount purchased in State (Part C-Item 2) | | | | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | | | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | | |
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| МТ | | | | | , | | | Ī | | | |
| NE | | | , | | | | | | | | |
| NV | × | | 30000000 | 1 | \$400,000.00 | 0 | \$0.00 | | × | | |
| NH | | | | | 1 | | | | | | |
| ľ | × | | 30000000 | 3 | \$105,000.00 | 0 | \$0.00 | | × | | |
| NM | | | | | | | _ | | | | |
| NY | × | | 30000000 | 4 | \$739,180.00 | 0 | \$0.00 | | × | | |
| NC | × | | 30000000 | 1 | \$1,250,000. | 0 | \$0.00 | | × | | |
| ND | | | | | | | | | | | |
| ОН | | | | | | | | | | | |
| ок | | | | | | | | | | | |
| OR | × | ., | 30000000 | 1 | \$100,000.0 | 0 | \$0.00 | 1 | × | | |
| PA | × | | 30000000 | 3 | \$350,000.0 | 0 | \$0.00 | | × | | |
| RI | | | | | | | | | | | |
| SC | | | | | | | | | | | |
| SD | | | | | | | | | | | |
| TN | | | | | | | | | | | |
| TX | | | | | | | | | | | |
| UT | | Ţ | | | | | | | | | |
| VT | | | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| VA | × | | 30,000,000 | 1 | \$100,000.0 | 0 | \$0.00 | | × | | |
| WA | | | | | | | | | | | |
| wv | | | | | | | | | | | |
| WI | | | | | | | | | 1 | | |
| | 12 20 20 1 20 | <u> 100 00 00 00 00 00 00 0</u> | <u> </u> | | | | l | 1 1 | | | |

| | 5 | | | APP | ENDIX | | | | | | | | | | | | |
|-------|----------|---|--|--|--------|--|--|-----|----|---------------------------|--|--|--|--|---------------------------|--|---|
| 1 | | 2 | 3 | | 4 | | | | | | | | | | | | |
| | to non-a | to sell accredited as in State B-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of investor and amount purchased in State | | | Type of investor and amount purchased in State | | | amount purchased in State | | | | | amount purchased in State | | ate ULOE, attach ation of granted) -Item 1) |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | | | | | | | | |
| WY | | | | | | | | | | | | | | | | | |
| PR | | | | | | | | | | | | | | | | | |

